2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002364

Entity Name: TRG CUSTOMER SOLUTIONS, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2701 RENAISSANCE BLVD SUITE 300 KING OF PRUSSIA, PA 19406				2200 RENAISSANCE BLVD SUITE 350 KING OF PRUSSIA, PA 19406			
Current Mailing Address:				New Mailing Address:			
OZOA DENIALOGANIOE BLVD				2200 DENAICCANCE DI VID			
2701 RENAISSANCE BLVD SUITE 300 KING OF PRUSSIA, PA 19406				2200 RENAISSANCE BLVD SUITE 350 KING OF PRUSSIA, PA 19406			
FEI Number: 72-1583550 FEI Number Applied For () FEI Number					nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE:							
	Electron	ic Signature of Registered Agent	•			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	UNGARINO, CH	ANCE BLVD. SUITE 300		Title: Name: Address: City-St-Zip:	KELLY, FRANK	ANCE BLVD. SUITE 350	
Title: Name: Address: City-St-Zip:	GABEL, KARL	Delete ANCE BLVD. SUITE 300 SIA, PA 19406		Title: Name: Address: City-St-Zip:	GABEL, KARL	Change () Addition ANCE BLVD. SUITE 350 SIA, PA 19406	
Title: Name: Address: City-St-Zip:	D () ELAHI, NADEEN 1700 PENNSYL WASHINGTON,	VANIA AVE.		Title: Name: Address: City-St-Zip:	KHAISHGI, MOH	VANIA AVE. NW	
Title: Name: Address: City-St-Zip:	D () ASLAM, HASHA 1700 PENNSYL WASHINGTON,	IN VANIA AVE.		Title: Name: Address: City-St-Zip:	ASLAM, HASHA	VANIA AVE. NW	
Title: Name: Address: City-St-Zip:	D () KEEN, SHUJA 1700 PENNSYL WASHINGTON,			Title: Name: Address: City-St-Zip:	KELLY, FRANK	ANCE BLVD. SUITE 350	
Title: Name: Address:	UNGARION, CH	ANCE BLVD. SUITE 300		Title: Name: Address:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL GABEL CFO 02/19/2008